

RHODE ISLAND DEPARTMENT OF HEALTH

SCHOOL BASED HEALTH CENTERS

IN RHODE ISLAND

A PROGRESS REPORT: SEPTEMBER 2003



Dear Colleague:

The Rhode Island Department of Health and the Rhode Island Department of Education are pleased to present this second report on School Based Health Centers in Rhode Island.

Youth in their school years often do not have, or use, a regular "medical home" despite the importance of quality healthcare throughout life. Even those who are seen regularly by a pediatrician in their younger years often do not receive care in adolescence, and youth often have needs that are hard to address in a busy primary care setting.

The Rhode Island Children's Cabinet in 2000 formally endorsed a strategy to offer support for school based health centers in urban high schools as one means of achieving its state policy goal of "all youth shall leave school prepared to lead productive lives." In 2001, the Rhode Island Department of Health issued "School Based Health Centers in Rhode Island" a report on the status of the school based health center movement in Rhode Island. Successes since that time include:

- Seven school based health centers have grown with a 23.6% increase in enrollment across the Centers;
- An increase in the number of preventive health visits from 48.9% of services in 1999/2000 to 60% of all services in 2001/2002; and
- Two additional sites are planning to start school based health centers.

Challenges include:

- A decrease in behavioral health services, due to lack of providers;
- Building and sustaining school based oral health programs;
- Inconsistency in data collection methods across the Center; and
- Building community support in partnership with the Rhode Island Assembly on School Based Health Care.

We hope this information will help policymakers make sound decisions regarding the future of school health services in Rhode Island.

Sincerely,

Patricia A. Nolan, MD, MPH

Patricia A. Nolan, MD, MPH
Director of Health

Peter McWalters

Peter McWalters
Commissioner of Education





PURPOSE OF REPORT

Youth in their school years often do not have, or use, a regular “medical home”. Even those who were seen regularly by a pediatrician in their younger years may not continue in adolescence, and youth often have needs that are hard to address in a busy primary care setting.

School based health centers offer critical health services to students who may not have a source for needed care. School based health centers are partnerships between health providers, schools, and local communities. School based health centers also reduce school absences, and therefore directly impact school success. The Rhode Island Children’s Cabinet in 2000 formally endorsed a strategy to offer support for school based health centers in urban high schools as one means of achieving its stated policy goal of “all youth shall leave school prepared to lead productive lives.”

In 2001, the Rhode Island Department of Health issued “School Based Health Centers in Rhode Island”; a report on the status of the school based health center movement in Rhode Island. The Report identified four critical challenges faced by school based health centers in Rhode Island:

- Funding not adequate nor stable for most school based health centers.
- Enrollment and utilization need to be increased.
- Access to mental health and oral health services must be improved.
- RIte Care enrollment among uninsured students needs to be increased.

The Report included recommendations and strategies to address the critical challenges. The recommendations include:

1. Stabilize funding to existing school based health centers at the level of \$200,000 per Center, with a core allocation of at least \$125,000 from the state for each Center.
2. Provide support for 20 school based health centers in urban districts by 2006.
3. Document the effectiveness of school based health centers.
4. Increase third party reimbursement for school based health centers.
5. Build broad-based public support for the school based health center initiative.

The purpose of this report is to describe our progress with each of these recommendations and to share data from the 2000/2001 and 2001/2002 school years.



RECOMMENDATION 1

STABILIZE FUNDING TO EXISTING SCHOOL BASED HEALTH CENTERS AT A LEVEL OF \$200,000 PER CENTER, WITH A CORE ALLOCATION OF AT LEAST \$125,000 FROM THE STATE FOR EACH CENTER

BEST PRACTICE: FUNDING

IN THE 2001/2002 SCHOOL YEAR,
FIVE OF THE SEVEN CENTERS SECURED
FUNDING FROM OUTSIDE SOURCES
INCLUDING CASH MATCH FROM
THE SCHOOL, FEDERAL FUNDING,
AND PRIVATE FUNDING.

ACCOMPLISHMENTS:

STATE FUNDING ALLOCATED FOR SCHOOL BASED HEALTH CENTERS

In June 2000, the Rhode Island General Assembly allocated \$525,000 in state funds to the School Based Health Center Initiative. While the Special Senate Commission on School Based Health Centers recommended \$875,000 in core state funding with \$125,000 designated for each Center, deteriorating state revenues led to a reduction of the original request and the adoption of a budget that included \$75,000 for each of the seven Centers.

The infusion of state resources provides core funding for the Centers, albeit at a level less than that recommended by the Special Senate Commission. Despite the infusion of state resources, six of the seven Centers continue to operate on budgets below the \$200,000 projected operating cost in the Senate Report. Three of the seven Centers are operating on a budget that is less than 50% of that recommended by Zimmerman¹.

Furthermore, the stability of the state funding continues to be in question. For fiscal years 2003 and 2004 the Legislature included funding for the Centers in the final budget. The lack of stable funding has forced Centers to spend time pursuing additional funding which is more difficult without a stable core. Fundraising also limits the amount of time focused on important issues such as enrollment and quality improvement.

SCHOOL BASED HEALTH CENTER FUNDING – ALL SOURCES
2001/2002 SCHOOL YEAR

SCHOOL BASED HEALTH CENTER	STATE FUNDING	NON-STATE FUNDING	TOTAL FUNDING	PERCENT PROTOTYPE BUDGET (\$200,000)
CENTRAL FALLS HS	\$75,000	\$73,881	\$148,881	74.4%
COLEMAN ELEMENTARY ¹	\$75,000	0	\$75,000	37.5%
WOONSOCKET MS	\$75,000	0	\$75,000	37.5%
WOONSOCKET HS	\$75,000	\$178,000	\$253,000	126.5%
SLATER JHS ²	\$75,000	\$75,000	\$150,000	75.0%
SHEA HS	\$75,000	\$75,000	\$150,000	75.0%
MOUNT PLEASANT HS	\$75,000	\$20,000	\$95,000	47.5%
TOTAL	\$525,000	\$421,881	\$946,881	N/A

¹ Coleman school based health center also serves students at Second Avenue and Fifth Avenue Elementary Schools.

² Slater JHS school based health center also serves students at Cunningham Elementary School.

TOTAL GRANT FUNDING FOR CENTERS
HAS INCREASED OVER THREE-YEAR PERIOD

Stability of funding continues to be a major challenge for the Centers. Over the last three years, Centers have faced a number of funding challenges. Multi-year grant funding from the Robert Wood Johnson Foundation and Health Resources and Services Administration ended. Despite these challenges, overall grant funding for the School Based Health Center Initiative has increased by 12.7% from \$840,295 in the 1999/2000 school year to \$946,881 in 2001/2002. The Centers deserve credit for this success.

ANNUAL SCHOOL BASED HEALTH CENTER FUNDING
1999/2000 TO 2001/2002 SCHOOL YEARS

SCHOOL BASED HEALTH CENTER	1999-2000 TOTAL GRANT INCOME	2000-2001 TOTAL GRANT INCOME	2001-2002 TOTAL GRANT INCOME	PERCENT INCREASE
CENTRAL HS ²	\$107,500	\$107,500	N/A	N/A
COLEMAN ELEMENTARY	\$58,396	\$40,039	\$75,000	28.4%
WOONSOCKET MS	\$60,000	\$60,000	\$75,000	25.0%
WOONSOCKET HS	\$202,347	\$83,274	\$253,000	25.0%
SLATER JHS	\$144,221	\$119,508	\$150,000	4.0%
SHEA HS	\$144,221	\$119,508	\$150,000	4.0%
MOUNT PLEASANT HS ¹	N/A	N/A	\$95,000	N/A
CENTRAL FALLS HS	\$123,610	\$125,000	\$148,881	20.4%
TOTAL GRANT INCOME	\$840,295	\$654,829	\$946,881	12.7%

¹ Central High School closed its school based health center in June 2001 because of anticipated structural changes.

² Mount Pleasant High School opened its Center in January 2002.

PROFILE # 1

CENTRAL FALLS HIGH SCHOOL

24 Summer Street

Central Falls, RI 02863

OPERATING AGENCY

Blackstone Valley Community Health Care, Inc.

Contact: Pam Herrera

401.729.5731

YEAR OPENED 1995

STUDENTS SERVED GRADES 7-12

FUNDING 2001-2002 \$148,881

DATA FOR 2001/2002 SCHOOL YEAR

SCHOOL ENROLLMENT 850

CENTER ENROLLMENT 595

PERCENT ENROLLED 70%

PREVENTIVE SERVICES 852

PHYSICAL EXAMS 226

REPRODUCTIVE HEALTH 129

NUTRITION SERVICES 1

DENTAL 147

IMMUNIZATIONS 332

BEHAVIORAL HEALTH 17

ACUTE SERVICES 882

ACUTE CARE 799

INJURY 16

CHRONIC CARE 67

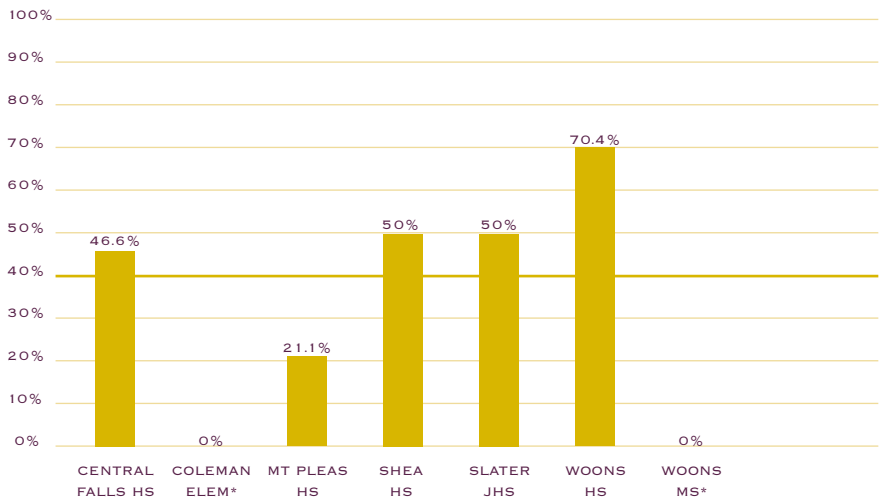
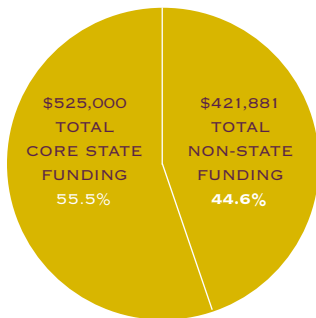
TOTAL SERVICES PROVIDED 1,734

**CENTERS HAVE DEMONSTRATED
ABILITY TO SECURE OUTSIDE FUNDING**

Early on, Rhode Island recognized that no one entity could support the full cost of operating a school based health center. For this reason, Centers were designed as partnerships among local schools, health care providers, and the state. Even with state support, both schools and their medical partners have always been seen as important sources of financial support.

In the 2001/2002 school year, five of the seven Centers secured funding from outside sources including cash match from the school, federal funding, and private funding. As a result of their efforts, four of the seven Centers (Central Falls, Shea, Slater, and Woonsocket High School) secured a level of funding from outside sources that puts them above the 40% target recommended by the Senate Commission.

**SCHOOL BASED HEALTH CENTER FUNDING
PERCENT OF TOTAL BUDGET FROM NON-STATE SOURCES
2001/ 2002 SCHOOL YEAR**



* Coleman and Woonsocket MS are part of a district-wide system of Centers.

**A LIMITED NUMBER OF CENTERS
HAVE PROVIDED CASH MATCH**

Centers have been successful in diversifying their revenue mix with five of the seven Centers having secured outside sources of funding. Cash-match and in-kind contributions from the schools and their medical partners are an essential component of the Center revenue mix.

Centers are encouraged to provide cash match of at least \$25,000. The Special Senate Commission recommended enacting legislation that establishes criteria for the continuation and expansion of school based health centers,

including a provision that calls for Centers to meet cash match requirements in order to receive state funding.

In the 2001/2002 school year, three of the seven Centers contributed cash match – Shea High School and Slater Junior High School in Pawtucket, each of which provide \$25,000, and Mount Pleasant High School, which provides a \$20,000 cash match. The remaining four Centers have not been able to provide the suggested cash match.

OPPORTUNITIES AND CHALLENGES:

In 2000, the Rhode Island Children’s Cabinet formally endorsed a strategy to offer support for school based health centers in urban high schools. The General Assembly’s commitment of state resources to school based health centers is an acknowledgement of the problem of access to health care for adolescents and an affirmation of the key role that Centers play in providing services to this vulnerable population.

The Special Senate Commission to Study School Based Health Centers recommended that the State implement a multi-year funding strategy to ensure that the seven existing Centers had core state funding. The goal of the proposed state funding was to establish a stable funding base upon which federal, state, and community partners could build.

The National Assembly on School-Based Health Care study found that nationally Centers are financed through varied approaches, each reflecting the unique opportunities of community, state, and federal public and private programs. Rhode Island must continue to develop policies that encourage grant opportunities and support the grassroots work of the communities as they pursue local financing strategies.

NEXT STEPS:

- Continue to pursue multi-year state funding for school based health centers.
- Maximize available state funding through the development of Medicaid agreement for Centers in partnership with the Department of Human Services.
- Support Centers in their efforts to diversify their revenue mix. Develop a strategy to elicit cash match from local communities.
- Position Centers to successfully bid for federal and foundation funds. Capitalize on federal priorities and funding opportunities related to access to health care and education reform.

PROFILE #2

KEVIN K. COLEMAN SCHOOL

96 Second Avenue
Woonsocket, RI 02895

OPERATING AGENCY

Thundermist Health Associates
Contact: Lauren Nocera
401.767.5474

YEAR OPENED JANUARY 2000
STUDENTS SERVED GRADES 3-5
FUNDING 2001-2002 \$75,000

DATA FOR 2001/2002 SCHOOL YEAR

SCHOOL ENROLLMENT 644
CENTER ENROLLMENT 402
PERCENT ENROLLED 62.4%

PREVENTIVE SERVICES 266
PHYSICAL EXAMS 171
REPRODUCTIVE HEALTH 0
NUTRITION SERVICES 0
DENTAL 0
IMMUNIZATIONS 95
BEHAVIORAL HEALTH 0

ACUTE SERVICES 502
ACUTE CARE 364
INJURY 62
CHRONIC CARE 76

TOTAL SERVICES PROVIDED 768

RECOMMENDATION 2

PROVIDE SUPPORT FOR 20 SCHOOL BASED HEALTH CENTERS IN URBAN DISTRICTS BY 2006

BEST PRACTICE: COMMUNITY INVOLVEMENT

EACH COMMUNITY THAT RECEIVED
A SCHOOL BASED HEALTH CENTER
PLANNING GRANT ESTABLISHED
AN ADVISORY COMMITTEE TO GUIDE
THE PLANNING AND DEVELOPMENT
OF ITS CENTER.

ACCOMPLISHMENTS:

PLANNING GRANTS COMPLETED FOR FOUR NEW CENTERS

School districts in four communities and one state-run school have completed planning grants for school based health centers. The Rhode Island Department of Health issued \$10,000 planning grants to each of the school districts (West Warwick, Pawtucket, Bristol-Warren, and Providence) and to the Metropolitan Regional Career and Technical Center.

COMMUNITY	SCHOOL
WEST WARWICK	WEST WARWICK HIGH SCHOOL AND DEERING MIDDLE SCHOOL
PAWTUCKET	TOLMAN HIGH SCHOOL
BRISTOL-WARREN	MOUNT HOPE HIGH SCHOOL
PROVIDENCE	HOPE HIGH SCHOOL
STATEWIDE, STATE-RUN	METROPOLITAN REGIONAL CAREER AND TECHNICAL CENTER

Each community established an Advisory Committee to guide the planning and development of the school based health center. Planning grant recipients are required to gather data to demonstrate need, build broad-based support with the parents and in the school and the community, assess current programming in the school and define the role that the Center would play given the current programming, and assess potential utilization of the Center. This needs assessment provides a base of information for the communities as they prepare applications for federal and foundation funding.

COMMUNITIES READY FOR SCHOOL BASED HEALTH CENTER

Providence Community Health Center, in partnership with the Metropolitan Career and Technical School, and Thundermist Health Associates, in partnership with the West Warwick School Department, submitted applications for federal funding in 2002. Unfortunately, neither application was funded during this competition. The Department of Health along with staff from all

school based health centers met with representatives of the Health Resources and Services Administration to review the application process and the state's responsiveness to the requirements with a goal of positioning the Centers to successfully bid in the next grant funding cycle.

The Metropolitan Regional Career and Technical Center has a new facility in Providence, including dedicated space for the school based health center. Equipment for the facility is on site, and school staff is committed. A key feature in this Center's plan is the commitment to serve residents in the surrounding community in addition to the students enrolled in the school. Unfortunately, the Center will not open without core state funding.

West Warwick has dedicated space at the middle school. The high school is located on the same campus. They have strong support from parents and school administration. While not successful in their bid for federal school based health center funding, Thundermist Health Associates has secured federal 330 community health center funding that will enable them to open in Fall of 2003. Core state funding will be needed for this Center as well.

Providence's Hope High School identified mental health as an unmet need and a high priority for action as part of its school based health center planning process. Subsequently, the school applied for and received funding from Health Education and Leadership in Providence (HELP) for a school based mental health project.

OPPORTUNITIES AND CHALLENGES:

The Health Resources and Services Administration of the Bureau of Primary Health Care plans to expand opportunities for new school based health centers connected with 330 funded community health centers through its Healthy Schools Healthy Communities Program. This Initiative emphasizes building continuity of care throughout a school system.

Staff from the school based health centers and the Office of Primary Care at the Rhode Island Department of Health need to work in partnership with the community health centers to develop data that demonstrate the need for additional federal support of Centers in Rhode Island.

NEXT STEPS:

- Increase state allocation for school based health centers to provide core state funding for planning grant communities to move to start-up phase. This commitment of resources will position Rhode Island to compete for newly allocated federal resources.
- Identify resources to support school based health center planning in new communities.

PROFILE #3

MOUNT PLEASANT HIGH SCHOOL*

434 Mount Pleasant Avenue
Providence, RI 02908

OPERATING AGENCY

Providence Community Health Centers, Inc
Contact: Sharon Garber, FNP
401.444.0449

YEAR OPENED JANUARY 2002

STUDENTS SERVED GRADES 9-12

FUNDING 2001-2002 \$95,000

DATA FOR 2001/2002 SCHOOL YEAR

SCHOOL ENROLLMENT 1,650

CENTER ENROLLMENT 800

PERCENT ENROLLED 48%

PREVENTIVE SERVICES 452

PHYSICAL EXAMS 96

REPRODUCTIVE HEALTH 34

NUTRITION SERVICES 2

DENTAL 0

IMMUNIZATIONS 104

BEHAVIORAL HEALTH 216

ACUTE SERVICES 135

ACUTE CARE 99

INJURY 7

CHRONIC CARE 29

TOTAL SERVICES PROVIDED 587

*Center opened January 2002;

Figures represent 6 months of operation

RECOMMENDATION 3

DOCUMENT THE EFFECTIVENESS OF SCHOOL BASED HEALTH CENTERS

BEST PRACTICE: CENTER ENROLLMENT

CENTRAL FALLS OFFERS
ALL FAMILIES THE OPPORTUNITY
TO ENROLL IN THE CENTER AND
SCHEDULE AN APPOINTMENT WHEN
THEY ENROLL THEIR CHILDREN
IN SCHOOL.

ACCOMPLISHMENTS:

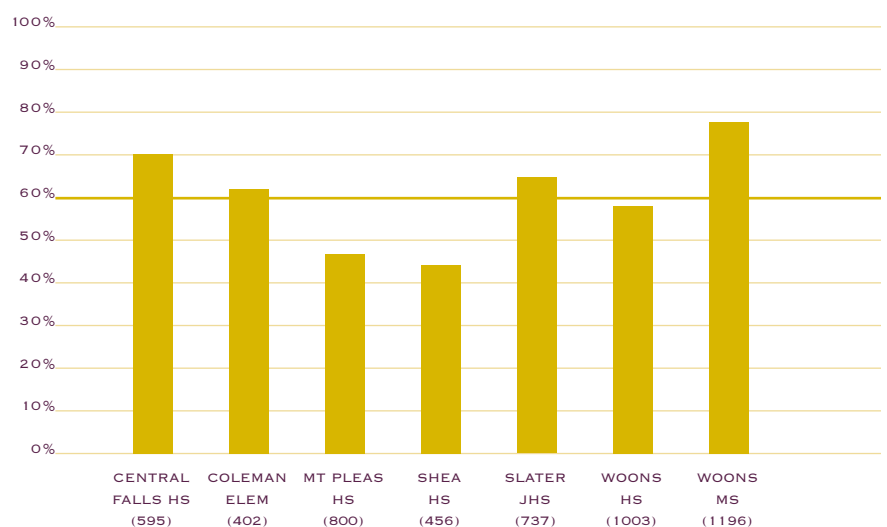
ENROLLMENT IN RHODE ISLAND'S

SCHOOL BASED HEALTH CENTERS HAS INCREASED

The total number of students enrolled in school based health centers in Rhode Island in the 2001/2002 school year was 5,189 or 60.5 % of the student population attending these schools. This figure represents a 23.6 % increase compared to the 1999/2000 school year.

Four Centers – Central Falls High, Slater Junior High, Woonsocket High, and Woonsocket Middle – increased the number of students enrolled in their Center in each of the last two years. For detail on enrollment of the individual Centers, see the school profiles.

PERCENT OF SCHOOL POPULATION ENROLLED IN
SCHOOL BASED HEALTH CENTERS (2001/2002 SCHOOL YEAR)



Zimmerman's¹ research also suggests that to be programmatically and financially effective Centers should be sited in large schools (1,000 or more students) and that the Center must enroll 60% of the student population. In the 2001/2002 school year, five Centers exceeded or nearly met the 60% enrollment benchmark with percentages between 58.1% and 78.7%. While enrollment at the Mount Pleasant High School's Center was less than the benchmark, the percent of students enrolled was high given that the Center was open for only six months of the school year.

NUMBER OF STUDENTS WITH VISITS

Another way to measure the effectiveness of school based health centers is to look at the number of enrolled students with at least one visit. For this indicator, four Centers (Central Falls High, Central High, Shea High, and Slater Junior High) were able to capture and report data.

In those Centers, 45% or 1,130 of the 2,526 students enrolled received at least one visit during the 2000/2001 school year. Central Falls' high rate of utilization can be attributed to its school based health center enrollment practices. School based health center enrollment is an integral component of the school enrollment process. All families are offered the opportunity to enroll in the Center and schedule an appointment at the time they are enrolling their children in the school.

Close to half of the students enrolled (44.2 %) at the four Centers made three or more visits during the school year. Again, Central Falls High School had the highest proportion of students (304 or 61.1%) with three or more visits.

NUMBER OF SERVICES PROVIDED AT SCHOOL BASED HEALTH CENTERS HAS INCREASED

The total number of services provided by Centers has increased over the last three years by 7.5%. In 2001/2002, a total of 8,903 services were provided to students enrolled in the Centers. While this number is comparable to that in 2000/2001, it is important to note that the Central High School Center, a longstanding operation that provided roughly 1,500 services per year, closed at the end of the 2000/2001 school year and Mount Pleasant High School's Center only began providing services in January of 2002.

CENTERS ARE PROVIDING MORE PREVENTIVE SERVICES

In addition to the number of services provided, Centers report data on the type of service provided to students. Services can be categorized as preventive health and acute care. Preventive services include physical exams, immunizations,

PROFILE #4

SHEA HIGH SCHOOL

485 East Avenue
Pawtucket, RI 02860

OPERATING AGENCY

Blackstone Valley Community
Health Care, Inc.
Contact: Pam Herrera
401.729.5731

YEAR OPENED SEPTEMBER 1999

FUNDING 2001-2002 \$150,000

STUDENTS SERVED GRADES 9-12

DATA FOR 2001/2002 SCHOOL YEAR

SCHOOL ENROLLMENT 1,050

CENTER ENROLLMENT 456

PERCENT ENROLLED 43.4%

PREVENTIVE SERVICES 353

PHYSICAL EXAMS 81

REPRODUCTIVE HEALTH 29

NUTRITION SERVICES 1

DENTAL 1

IMMUNIZATIONS 151

BEHAVIORAL HEALTH 90

ACUTE SERVICES 158

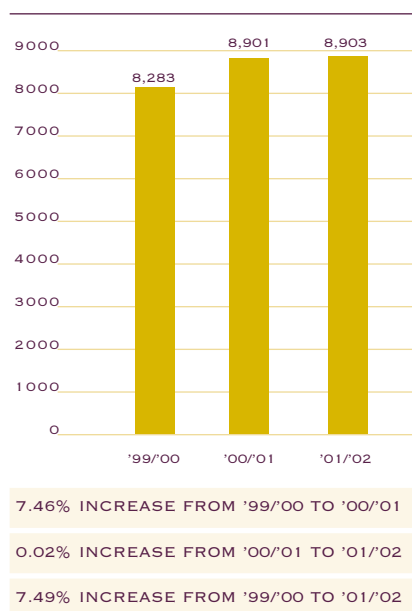
ACUTE CARE 151

INJURY 6

CHRONIC CARE 1

TOTAL SERVICES PROVIDED 511

**TOTAL SERVICES PROVIDED:
ALL CENTERS**



reproductive health, nutrition, dental, and behavioral health services. Acute care services include acute care, injuries, and chronic care.

The number of preventive services provided by the Centers increased from 4,053 (48.9% of all services) in 1999/2000 to 5,363 (60.2% of all services) in 2001/2002.

Statewide approximately one-third (32.5%) of the students enrolled in a school based health center received a comprehensive physical exam in the 2001-2002 school year. While there is a good deal of variability among the Centers in terms of the percent of enrolled students receiving physical exams, four of the six Centers continually operating over the three-year period increased the percent of enrolled students who received a physical exam. For detail on physical exams at the individual Centers, see the Center profiles.

Also of note among the preventive service categories is the eight-fold increase in immunization services, which went from 166 in 1999/2000 to 1,458 in 2001/2002. This increase can be directly attributed to the initiation of the successful *Vaccinate Before You Graduate Program* in three of the four high schools with school based health centers.

Also of note is the increased number of nutrition services provided by two of the three Centers in Woonsocket. Woonsocket implemented the BE FIT Program, an initiative to promote nutrition and physical activity among school children and their families. This program resulted in an increased awareness of role of nutrition in one's health and sparked an increase in the number of nutrition services provided through the two Centers. For detail on preventive services at the individual Centers, see the Center profiles. An increase in three categories of preventive services was recorded over the three-year period – physical exams, nutrition, and immunizations.

DECREASED BEHAVIORAL HEALTH SERVICES

Behavioral health services decreased by 28.4% over the three year period from 2,094 in 2000/2001 to 755 in 2001/2002. This decrease can be attributed to the lack of providers at the Centers rather than lack of need. Slater Middle School was the only Center where increases in behavioral health services were noted in each of the three years.

School based health centers have proven to be a promising approach in addressing the behavioral health needs of adolescents, and there is evidence that the need for these services is increasing. As in other settings, Centers face challenges in providing sufficient behavioral health services to this population. Recruiting and sustaining sufficient staff continues to be a struggle for the Centers.

OPPORTUNITIES AND CHALLENGES:

Enrollment: While large school populations are recommended to enhance the programmatic and financial effectiveness of school based health centers by increasing the potential number of enrollees, education reform efforts designed to improve school outcomes place emphasis on decreasing the overall size of the school population. Recognizing this paradox, federal funding opportunities now require that Centers serve the surrounding community. This requirement will allow smaller schools to expand the patient base while improving the programmatic and financial effectiveness. This strategy reinforces initiatives such as the community schools strategy and Child Opportunity Zones (COZs).

Preventive Services: Prevention is a key public health principle. School based health centers are uniquely positioned to deliver preventive health services, including behavioral health and oral health services, to a population that is under-served. The Department of Health is working with the Centers to develop strategies to increase the proportion of preventive services delivered. Our experience indicates that if stable staff is linked to school based health centers, utilization of these services will increase. Stable staffing for behavioral health services in Centers has been an ongoing challenge.

Neighborhood Health Plan of Rhode Island (NHPRI) is involved in a Best Clinical and Administrative Practices program through the Center for Health and Health Care Strategies funded by the Robert Wood Johnson Foundation. In 2000/2001, NHPRI worked with Woonsocket's school based health centers



PROFILE #5

THE HEALING ZONE

SAMUEL SLATER JUNIOR HIGH SCHOOL

VIRGINIA CUNNINGHAM SCHOOL

281 Mineral Spring Avenue
Pawtucket, RI 02860

OPERATING AGENCY

Blackstone Valley Community
Health Care, Inc.

Contact: Pam Herrera
401.721-2108

STUDENTS SERVED GRADES 9-12
YEAR OPENED SEPTEMBER 1999
FUNDING 2001-2002 \$150,000

DATA FOR 2001/2002 SCHOOL YEAR

SCHOOL ENROLLMENT 1,134
CENTER ENROLLMENT 737
PERCENT ENROLLED 65%

PREVENTIVE SERVICES 423
PHYSICAL EXAMS 81
REPRODUCTIVE HEALTH 0
NUTRITION SERVICES 2
DENTAL 0
IMMUNIZATIONS 167
BEHAVIORAL HEALTH 173

ACUTE SERVICES 94
ACUTE CARE 92
INJURY 1
CHRONIC CARE 1

TOTAL SERVICES PROVIDED 517

to increase the proportion of NHPRI members receiving a comprehensive physical exam through the Center. NHPRI had 264 members enrolled in the Centers, 135 of whom had not received any services. As a result of their efforts, 100 of the 135 students received a comprehensive physical exam.

Chronic Care: School based health centers play a key role in managing chronic conditions such as asthma and diabetes. National research has shown that school based health centers improve health outcomes of elementary school students with asthma². The Bureau of Primary Health Care through its National Collaboratives Program offers training to community health centers and their school based health center partners to assist them in the development of a community-wide strategy to identify, manage, and treat chronic disease.



Blackstone Valley Community Health Care, Providence Community Health Centers, and Thundermist Health Associates all have participated in these Collaboratives and have included their school based health centers in the process.

Data System: Reporting of data on school based health centers remains a challenge because Centers use different data systems. Discussions are currently underway to explore the feasibility of developing a programmatic data system that will allow the Department of Health to more effectively monitor and evaluate the School Based Health Center Initiative.

NEXT STEPS:

- To be most efficient and effective school based health centers must reach out, enroll a greater percent of the student population, and provide services to all enrolled students. Stable multi-year funding will give the Centers the opportunity to build this base. Preliminary analyses indicate that participation in a school based health center reduces school absences – powerful data that should be repeated.
- Design school based health center practices to increase the number of preventive visits. Ensure all students receive a comprehensive physical exam. Strengthen capacity to support behavioral health and oral health services at each Center.
- Develop a programmatic data system that will allow more effective monitoring and evaluation of Centers. Standardize how services are defined and counted.
- Provide ongoing professional development on the school based health center model. The Rhode Island Assembly for School Based Health Care should set annual strategic objectives that enhance the school based health center model and are aligned with national best practices.
- Encourage participation in both the Rhode Island Assembly and National Assembly on School Based Health Care.

PROFILE #6

WOONSOCKET HIGH SCHOOL

777 Cass Avenue
Woonsocket, RI 02895

OPERATING AGENCY

Thundermist Health Associates
Contact: Lauren Nocera
401.767.4648

STUDENTS SERVED..... GRADES 9-12
YEAR OPENED..... MARCH 1998
FUNDING 2001-2002..... \$253,000.

DATA FOR 2001/2002 SCHOOL YEAR

SCHOOL ENROLLMENT..... 1,727
CENTER ENROLLMENT..... 1,003
PERCENT ENROLLED..... 58.1%

PREVENTIVE SERVICES..... 1,213
PHYSICAL EXAMS..... 274
REPRODUCTIVE HEALTH..... 558
NUTRITION SERVICES..... 97
DENTAL..... 0
IMMUNIZATIONS..... 162
BEHAVIORAL HEALTH..... 122

ACUTE SERVICES..... 758
ACUTE CARE..... 287
INJURY..... 168
CHRONIC CARE..... 303

TOTAL SERVICES PROVIDED..... 1,971

RECOMMENDATION 4

INCREASE THIRD PARTY REIMBURSEMENT
FOR SCHOOL BASED HEALTH CENTERS

**BEST PRACTICE:
3RD PARTY REIMBURSEMENT**

NEIGHBORHOOD HEALTH PLAN
OF RHODE ISLAND HAS WORKED
TO SUPPORT PREVENTIVE VISITS,
PAYING A HIGHER REIMBURSEMENT
FOR PREVENTIVE SERVICES
OFFERED TO ITS MEMBERS
AT THE CENTERS.

ACCOMPLISHMENTS:

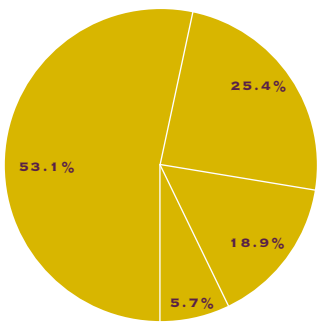
CENTERS INCREASE CAPTURE OF INSURANCE INFORMATION

About 60% of students enrolled in school based health centers are on RItE Care or have other Medicaid coverage. Another 25% of the students report no insurance, some of whom may be eligible for RItE Care. Covering Kids is working on strategies to enroll these children in RItE Care.

Reimbursement for services still generates about 20% of the total cost for services. Improving both coverage and reimbursement through health plans is an important way to enhance school based health centers.

INSURANCE STATUS OF STUDENTS
ENROLLED IN SCHOOL BASED HEALTH CENTERS

	NUMBER OF STUDENTS	PERCENT OF TOTAL
RITE CARE	2314	53.1%
NO INSURANCE	1109	25.4%
PRIVATE	913	18.9%
MEDICAID	249	5.7%
TOTAL INSURANCE	4821	



OPPORTUNITIES AND CHALLENGES:

Rhode Island leads the nation with broad health insurance coverage through RItE Care, the State’s Medicaid managed care plan, but insurance coverage does not mean access. The first report, “School Based Health Centers in Rhode Island,” described barriers adolescents face in accessing care. Furthermore,

recent report by the American Public Human Services Association shows that for adolescent well care measures health plans owned and operated by community health centers do a better job of reaching adolescents enrolled in their plans. Neighborhood Health Plan of Rhode Island is a national model. They have worked to support preventive visits at school based health centers and have paid a higher reimbursement for preventive services offered at the Centers.

Health care financing strategies continue to evolve as state and federal governments work to ensure all have access to health care. Centers need to continue current practices in billing and refine practices as necessary. Centers need to monitor and participate in national policy discussions regarding third party reimbursement. The Department of Health, the Department of Human Services, and the Rhode Island Assembly on School Based Health Care participated in a Health Resources and Services Administration sponsored workshop designed to strengthen the relationship between managed care organizations and school based health centers.

NEXT STEPS:

- Design strategies that enable schools to more fully capture students' insurance status. Streamline practices to follow-up on insurance status and practice consistently.
- Develop a separate fee schedule that would include currently non-reimbursable services such as health education and care coordination. Bundle and assign codes for these services based on levels of complexity. Explore development of Relative Value Units for enabling services. Take maximum advantage of community health center's 330 status to collect federally qualified health center reimbursement.
- Credential the sponsoring agencies rather than individual providers. Promote use of the Centers, by managed care organizations, by providing incentives for partnerships between Centers and community primary care providers. For example, managed care organizations could actively promote choosing the school based health centers and community health centers for services as appropriate for enrollees in those geographic areas.

PROFILE #7

WOONSOCKET MIDDLE SCHOOL

357 Park Place

Woonsocket, RI 02895

OPERATING AGENCY

Thundermist Health Associates

Contact: Lauren Nocera

401.767.4779

STUDENTS SERVED GRADES 6-8
YEAR OPENED MARCH 1993
FUNDING 2001-2002 \$75,000

DATA FOR 2001/2002 SCHOOL YEAR

SCHOOL ENROLLMENT 1,520
CENTER ENROLLMENT 1,196
PERCENT ENROLLED 78.7%

ALL PREVENTIVE SERVICES 1,804
PHYSICAL EXAMS 757
REPRODUCTIVE HEALTH 362
NUTRITION SERVICES 101
DENTAL 0
IMMUNIZATIONS 447
BEHAVIORAL HEALTH 137

ALL ACUTE SERVICES 1,011
ACUTE CARE 422
INJURY 202
CHRONIC CARE 387

TOTAL SERVICES PROVIDED 2,815

RECOMMENDATION 5

BUILD BROAD BASED PUBLIC SUPPORT FOR THE SCHOOL BASED HEALTH CENTER INITIATIVE.

BEST PRACTICE: ADVISORY COMMITTEE

MOUNT PLEASANT HAS AN ADVISORY COMMITTEE. CENTER STAFF ROUTINELY UPDATE THE COMMITTEE ON ITS ACTIVITIES INCLUDING SHARING OF DATA. THEY DISCUSS EMERGING ISSUES AND RECOMMEND WAYS TO ADDRESS ISSUES.

ACCOMPLISHMENTS:

RHODE ISLAND INITIATES A LOCAL CHAPTER OF THE ASSEMBLY ON SCHOOL BASED HEALTH CARE

Rhode Island established a local chapter of the National Assembly on School Based Health Care in 2000. The Rhode Island Assembly is a partnership between state and community leaders to keep energy and commitment high for school based health care.

The Assembly also supports the development of infrastructure to sustain the Centers, such as continuous quality improvement benchmarks.

RHODE ISLAND CELEBRATES SCHOOL BASED HEALTH CARE AWARENESS MONTH

The Central Falls school based health center was highlighted on a Health Check segment on NBC10 with Barbara Morse interviewing the principal, student, and school based health center staff.

The Rhode Island Assembly on School Based Health Care and the Department of Health updated our Congressional Delegation on the progress of school based health care in Rhode Island.

OPPORTUNITIES AND CHALLENGES:

Centers need to continually build awareness and support if they are to be successful. Mount Pleasant's School Based Health Center's staff routinely update the Advisory Committee on the Center's activities including data sharing. The group discusses emerging issues and recommends ways to address

issues. The Woonsocket Centers' an Advisory Committee helps lead a physical activity and nutrition initiative at the Centers. Centers need to design marketing strategies that work in their local communities.

NEXT STEPS:

- Use local data to engage the school and the community in the work of the Center.
- Develop school based health center advisory committees or an alternative way of engaging the community.
- Support opportunities for local Centers to showcase their work in local, state and national media.
- Routinely communicate implications of federal policy, which affect school based health care locally. Urge legislators, policymakers, and community leaders to lend their vocal support.

PROFILE #8

CENTRAL HIGH SCHOOL*

70 Fricker Street

Providence, RI 02903

OPERATING AGENCY

Providence Community Health Centers, Inc.

Contact: Lynn Wachtel, FNP

401.444.0449

*Center closed in 2001

YEAR OPENED SEPTEMBER 1987

STUDENTS SERVED GRADE 9-12

FUNDING 2000-2001 \$107,500

DATA FOR 2000/2001 SCHOOL YEAR

SCHOOL ENROLLMENT 1,518

CENTER ENROLLMENT 612

PERCENT ENROLLED 40.3%

PREVENTIVE SERVICES 867

PHYSICAL EXAMS 286

REPRODUCTIVE HEALTH 168

NUTRITION SERVICES 5

DENTAL 12

IMMUNIZATIONS 0

BEHAVIORAL HEALTH 396

ACUTE SERVICES 239

ACUTE CARE 171

INJURY 44

CHRONIC CARE 24

TOTAL SERVICES PROVIDED 1,106

CONCLUSION

SCHOOL BASED HEALTH CENTERS
ARE WELL PLACED TO REACH
STUDENTS WITH HEALTH AND
MENTAL HEALTH NEEDS.

PROVIDING HEALTH CARE WITHIN
THE SCHOOL SETTING IMPROVES
BOTH HEALTH AND EDUCATION
OUTCOMES. ADDITIONAL SCHOOL
BASED HEALTH CENTERS WILL
REQUIRE BOTH COMMUNITY
SUPPORT AND CORE FUNDING.

RECOMMENDATIONS AND STRATEGIES

STABILIZE FUNDING TO EXISTING CENTERS AT A LEVEL OF \$200,000,
WITH A CORE ALLOCATION OF AT LEAST \$125,000 FROM THE STATE.

- Continue to pursue multi-year state funding.
- Further maximize state funding through the development of Medicaid agreement.
- Support Centers in their efforts to diversify their revenue mix.
- Position Centers to successfully bid for federal and foundation funds.

PROVIDE SUPPORT FOR TWENTY
SCHOOL BASED HEALTH CENTERS IN URBAN DISTRICTS BY 2006.

- Increase state allocation to provide core funding for planning grant communities.
- Identify resources to support planning in new communities.

DOCUMENT THE EFFECTIVENESS OF SCHOOL BASED HEALTH CENTERS.

- Enroll a greater proportion of the student population and provide services to all enrolled.
- Increase the number of preventive visits and ensure that all receive a physical exam.
- Strengthen capacity to support behavioral health and oral health services.
- Develop a programmatic data system.
- Provide ongoing professional development.
- Participate in both the Rhode Island and National Assembly on School Based Health Care.

INCREASE THIRD PARTY REIMBURSEMENT

- Design strategies to more fully capture student's insurance status.
- Develop a fee schedule for non-reimbursable services and explore development of Relative Value Units.
- Collect federally qualified health center reimbursement for Centers operated by 330 health centers.
- Explore credentialing sponsoring agencies.
- Increase cooperative care arrangements between Centers and community-based primary care providers.

BUILD BROAD BASED PUBLIC SUPPORT
FOR THE SCHOOL BASED HEALTH CENTER INITIATIVE.

- Use local data to engage the school and the community.
- Develop school based health center advisory committees.
- Showcase Centers in local, state, and national media.
- Communicate implications of federal policies on school based health care.



For more information on school based health centers, contact:

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Providence, RI 02908
Phone: 401.222.5922
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E-mail: rosemary@doh.state.ri.us

**If you would like more information about school based health centers
throughout the United States, visit the following web sites:**

Rhode Island Department of Health
www.healthri.org

Center For Health and Health Care in Schools
www.healthinschools.org

National Assembly on School Based Health Care
www.nasbhc.org

Bureau of Primary Health Care
www.bphc.hrsa.gov

REFERENCES

1. Zimmerman, H, A Financial Model for School Based Health Centers in Rhode Island, January 2000.
2. Webber MP, Carpinello KE, Oruwariye T, Yungtai L, Burton WB, and Appel DK, Burden of Asthma in Elementary School Children: Do School Based Health Centers Make a Difference? Archives of Pediatric and Adolescent Medicine.